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CONFIRMATION NO. 7164

SERIAL NUMBER 10/540,803	FILING OR 371(c) DATE 12/14/2005 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 022354-000310US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/41103 12/23/2003  
 which claims benefit of 60/436,735 12/27/2002  
 and claims benefit of 60/454,972 03/14/2003  
 and claims benefit of 60/470,346 05/13/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	7	16	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

20350

**TITLE**

Compositions and methods for the prevention and control of insulin-induced hypoglycemia

FILING FEE RECEIVED 415	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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